

**ATLANTA POLICE
DEPARTMENT
Fingerprint Form**

Investigat
or's
Name:

ATLANTA POLICE DEPARTMENT
3493 Donald Lee Hollowell
Pkwy., NW
Atlanta, Georgia 30331
Report 9:00 AM - 2:30
PM
Monday through Friday

SEX _____
RACE _____
HGT. _____
WGT. _____
EYES _____
HAIR _____
P.O.B. _____

NAME

:

_____ (Last) _____ (First) _____ (Middle) DATE _____

ADDRESS:

_____ (Number) _____ (Street) _____ (City) _____ (State) _____ (Zip Code)

Position applied
for: _____

Date of
Birth: _____ Age: _____ M F

Driver's License

Social
Security #: _____

TO BE FILLED OUT BY THE ATLANTA POLICE DEPARTMENT

IDENTIFICATION UNIT:

The applicant named above was
finger printed:

_____ (Date)

Signed: _____

CENTRAL RECORDS:

The records of the Atlanta Police Department for the applicant named above has been
checked with the following
results:

Signed: _____

FEDERAL BUREAU OF IDENTIFICATION:

The records of the Federal Identification Bureau for the applicant named above have been
checked with the following
results:

Signed: _____

Form APD 764 8/29/11
Formally Form 6-A-4